

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Parada et al.
Serial No. : 10/676,448 Examiner : Tran, Mai T
Filed : September 30, 2003 Group Art Unit : 2129
For : OBJECT CLASSIFICATION USING AN OPTIMIZED BOOLEAN
EXPRESSION (as amended)

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

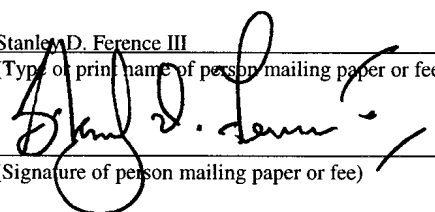
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EFS Web on April 26, 2008.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)	x	SMALL ENTITY			x	OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	4	-	** 9	=	* 0	x	\$25	=	O	x	\$50	= 0
Ind. Claims	1	-	*** 3	=	* 0	x	\$105	=	O	x	\$210	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$185	=	O	+	\$370	=
							<u>TOTAL</u>	= \$	O		<u>TOTAL</u>	= \$0
									R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

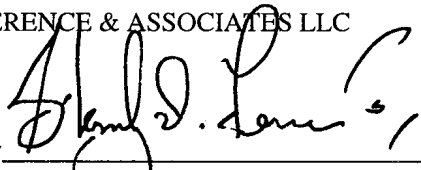
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: April 26, 2008

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile